

2 copies
3/9/06UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARECharles F. Cardone

Plaintiff

V.

Banks, Whitman, Mitchell

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 06-152 KAJ

I, Charles F. Cardone

declare that I am the (check appropriate box)

 Petitioner/Plaintiff/Movant Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Question 2)

If "YES" state the place of your incarceration

DCC - Smyrna

FILED

APR 19 2006

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

Inmate Identification Number (Required):

098159Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? Yes No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. I have been on SSDI since 1982

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|-----------------------------|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. My SSDI benefits were terminated in August of 2005

* If I am granted monetary relief I will pay costs determined by this Court.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

* I have been incarcerated since Sept. of 04's therefore my Social Security Disability Income will not be activated (re) until approximately 3 months after I will be released, whenever that will be... these filing fees are eating into my \$4000.00 amount and will not be replaced until....? What are my options to paying these filing fees until adjudication of my 1983(s)?

4. Do you have any cash or checking or savings accounts? Yes No

If "Yes" state the total amount \$ Approx 4,000 - This amount represents my Entire savings...

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

Yes No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

March 18, 06
DATE

Charles J. Cardone

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

IM Charles T. Cason
SBI# 098159 UNIT Bldg 10 C114
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Legal Mail
Office of the Clerk
U.S. District Court
844 N. King St., Lockbox 18
Wilmington



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